

TRAINING MODULE 13

STUDY PLAN

Eligibility Verification Reports (EVR); Deductible Expenses; Income Verification

Objective:

To learn the requirements for proper periodic reporting of income and expenses to maintain continued eligibility for VA pension or parents' DIC, and which expenses may be deducted from a claimant's income for VA purposes. To be aware of various matching programs for verifying income actually earned or received, and the requirements for documenting claimed expenses.

References:

Title 38, U.S. Code, Chapters 13 and 15.

38 Code of Federal Regulations §§ 3.3–3.277; §§ 3.652–3.661.

Adjudication Manual M21-1, Part I, Appendix B; Part IV, Chapters 16 and 29;

Adjudication Manual M21-1MR (Manual Rewrite), Part 5; Part 10, Chapters 9 and 10.

Instructions:

Study the assigned reference materials for an understanding of how to assist and advise claimants as to the effect of their various income and expenses on their VA pension awards. Learn which deductions are likely to require further documentation.

Summary:

1. EVRs:

DEPARTMENT OF VETERANS AFFAIRS (VA) PENSION FOR A VETERAN, A SURVIVING spouse, or a child is an income-based benefit, as is Dependency and Indemnity Compensation (DIC) for a veteran's dependent parents. This means that claimants must show that they meet prescribed income limits both to establish initial eligibility to payment and for continued eligibility to payment. This is generally first accomplished by the income and net worth information portions of the initial applications (VA Forms 21-526, 21-527, 21-534, or 21-535, as applicable). For the purpose of establishing ongoing eligibility, an Eligibility Verification Report (EVR) is sent.

Law and regulations require that as a condition of continuing pension, each person in receipt of pension must provide such information as is necessary to determine their annual income and net worth, as well as for their dependents, as applicable. This basically means that each claimant is

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sent an EVR each year, generally at the end of the calendar year. The information requested on an individual EVR is geared to the particular program for that claimant, and will be discussed in more detail below. (See the sample EVR forms on pages 13-7 through 13-18.)

Notwithstanding the general requirement, not all claimants will be sent an EVR each year. Persons in receipt of old-law (protected) pension or Section 306 pension will not routinely be sent an EVR, unless there is some indication of a significant change in that person's income or dependency status and the information is needed to determine continued eligibility to payment under that program. Persons in receipt of improved pension or parents' DIC may not be sent an EVR if they consistently report no income from any source (and there is no other information to the contrary), or if their only income is from Social Security or other government source which may be verified by computer match.

As noted above, the information requested on an EVR is specific to that claimant's program. All EVRs ask for addresses and Social Security numbers of claimants and dependents, also marital and dependent status (this information may be pre-printed). All EVRs ask for gross monthly amounts of recurring income (such as Social Security) and annual amounts of other or non-recurring income, both received during the current year and expected during the coming year. All EVRs also ask if there is any change in the income received or expected, either sources or amounts (other than cost of living increases). All EVRs except for children receiving death pension ask if the veteran or beneficiary is a patient in a nursing home (quite often, this will be the first indication that the veteran or beneficiary might be entitled to a higher rate because of need for aid and attendance). Section 306 pension and improved pension EVRs also ask for net worth information. Finally, EVRs for Section 306 pension and parents' DIC provide space for listing family medical expenses paid during the current year.

Since the information on the EVR is required as a condition of continued eligibility for payment, there are strict time limits for returning the reports. The claimant is warned when the EVR is mailed that the report must be returned by a specified date or payments will be suspended. A follow-up reminder may be sent as a due process notice, reminding the claimant of the deadline for returning the EVR to avoid interruption of payments and possible overpayment. If there is still no response, the award is terminated without further notice, effective the end of the current calendar year for old-law and Section 306 pension cases, and effective the beginning of the current calendar year (or the beginning date of the award, whichever is later) for improved pension and parents' DIC. If an award is terminated for failure to return the EVR, it may be resumed if evidence of entitlement is received within one year after the year for which the income and net worth (if applicable) was to be reported. If the evidence is received after that time limit, it is considered to be a new or reopened claim for payment purposes. Evidence to clear an overpayment resulting from failure to return an EVR may be submitted at any time, however.

VA has consolidated and centralized all pension and parents' DIC operations into three Pension Maintenance Centers (PMC). The address and phone number of the Center having jurisdiction for California is:

Department of Veterans Affairs Regional Office
Pension Maintenance Center (335/21P)
P. O. Box 11000
St. Paul, MN 55111-0000
Telephone (toll-free): 1-877-294-6380
Fax: 1-612-970-5217 or 1-612-970-5218

The PMCs handle operations, including the mailing and processing of EVRs, for all improved disability and death pension cases and all parents' DIC cases. After the Regional Office having jurisdiction for the claimant's address has made the initial (or reopened) determination of eligibility and entitlement, resolved any service connection and/or appeal issues, and made the initial associated awards, the claims files for improved disability and death pension and parents' DIC recipients may be physically transferred to the appropriate PMC, or it may be maintained at the Regional Office and an electronic "virtual" file (eFolder) established at the PMC.

Most, but not all, EVRs are issued by the PMC; some are still sent out by the Regional Office on certain claims. ***It is extremely important that careful attention be paid to the return address on the EVR***—if an EVR issued by the PMC is returned to the Regional Office instead, the automatic control for its return set by the PMC will not be cleared and the beneficiary's payments will be interrupted. In situations where an EVR has been issued by the PMC and there is not now sufficient time remaining to return it by mail before the expiration of the control date, the PMC will accept a fax copy of the EVR provided that the original EVR is then mailed to the PMC as a confirming copy.

2. Deductible Expenses:

AS IS STATED ELSEWHERE, INCOME FROM ALL SOURCES IS CONSIDERED FOR ALL OF THE pension programs and for parents' DIC, unless it is specifically excluded. However, certain expenses may be deducted from income for VA purposes (IVAP), either to establish that income continues to meet applicable limits (for old-law and Section 306 pension), or to establish entitlement to a greater rate of payment (for improved pension and parents' DIC).

Old-law pension: If the veteran received benefits for permanent and total disability from any source including Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, etc., then unreimbursed medical expenses paid each year which are related to the disability for which the veteran was retired may be allowed as continuing expenses to keep income within limits. Otherwise, deductible expenses are not a factor for old-law pension.

Section 306 pension: Unreimbursed medical expenses which exceed 5% of the total reported and countable family income may be deducted from the income for VA purposes (IVAP); this will not increase the pension rate payable, but may be used to keep the IVAP within the specified limits. If the space provided on the EVR is not sufficient for reporting such expenses, VA Form 21-8416, *Medical Expense Report*, should be completed. (See the sample form on pages 13-19 and 13-20.) In addition, a deduction may be allowed for the amounts actually paid by a surviving spouse or child for the last illness, burial and just debts of the deceased veteran, or the amounts actually paid by a veteran, surviving spouse or child for the expenses of the last illness or burial of the veteran's deceased spouse or child. Final expenses are deducted from IVAP on a dollar-for-dollar basis with no deductible, and are applied against the IVAP for the year(s) the expenses are actually paid by the beneficiary. Again, these will not increase the pension rates payable, but will only keep the IVAP within limits for the year(s) involved.

Improved pension: The theory is that at any given time the claimant's income for VA purposes (IVAP) plus the rate of VA pension will establish a given level of income, the maximum annual pension rate (MAPR). To keep the program closer to the theory, certain expenses paid by a beneficiary are considered in determining the beneficiary's IVAP. Most deductible expenses are deducted from the net countable income, although some expenses may only be deducted from specific income. Unreimbursed out-of-pocket unusual medical expenses, defined as exceeding 5% of the applicable MAPR, may be used to reduce a beneficiary's IVAP for the year they are actually paid. These expenses may be for the veteran or surviving spouse and any dependents, or for a relative who is not a dependent but who is a member of the beneficiary's household, or any other family member for whom the beneficiary has either a legal or a moral responsibility to provide support.

Health insurance and/or Medicare premiums are generally allowable medical expenses; other medical expenses are considered on a case-by-case basis. A listing of allowable medical expenses may be found in M21-1, Part IV, Chapter 16, **Income and Net Worth**, Addendum A. Note that this is not a comprehensive listing. Although most medical expenses are deducted from the IVAP retroactively for the year they are paid, certain expenses may be allowed prospectively and on an ongoing basis, such as the costs of nursing home care. A deduction may also be allowed for the unreimbursed final expenses of the veteran, spouse or child which have been actually paid. Final expenses include the expenses of the last illness and burial and, for the veteran only, just debts. VA Form 21-8416, *Medical Expense Report*, should be completed for reporting this kind of expenses. (See the sample form on pages 13-19 and 13-20.)

A deduction may also be allowed for unreimbursed educational expenses of a veteran or surviving spouse, and with certain restrictions, a child. These include amounts paid for tuition, fees, books and necessary supplies. Transportation expenses related to school attendance may be deducted if the veteran or surviving spouse has been determined to be housebound or in need of aid and attendance, and such expenses exceed the amounts which would reasonably be incurred by a nondisabled person. For a child, educational expenses may be deducted only if the child has earned income which exceeds the amount excluded under 38 CFR § 3.272(j)(2); that is, the minimum earned income amount which would require that an income tax return be filed. The child must be taking a post-high school educational or vocational program; the deductible expenses include amounts paid for tuition, fees, books, and necessary supplies.

If a beneficiary has income from rental property or a business, the amounts of reasonable operating expenses, including the costs of supplies and interest payments on the property, but not depreciation, may be deducted from the gross income from that source to determine the net countable income. The value of the rental property or business is considered to be net worth.

If a beneficiary is awarded benefits (other than VA benefits) based on permanent and total disability or death, a one-time deduction from that award may be taken for the legal, medical, and other expenses incurred in securing the award. This includes awards from Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, and private lawsuits or settlements. After this one-time initial deduction, related ongoing medical expenses are deductible only as described above.

Parents' DIC: Unreimbursed family medical expenses which exceed 5% of the total reported and countable family income may be deducted from the income for VA purposes (IVAP). Persons whose medical expenses are deductible include the parent; the parent's spouse (whether or not this is the veteran's other parent); minor or disabled children of the parent or spouse who are actual or constructive members of the parent's household; and parent(s) of the parent or spouse, who are actual or constructive members of the parent's household. If the space provided on the EVR is not sufficient for reporting such expenses, VA Form 21-8416, *Medical Expense Report*, should be completed. (See the sample form on pages 13-19 and 13-20.)

The rules for determining the net income from a rental or other business are similar, but not identical, to the rules for improved pension. Since net worth is not a factor for parents' DIC, the value of the rental property or business is not considered. Similarly, if a parent or parent's spouse is awarded benefits (other than VA benefits) based on permanent and total disability or death, a one-time deduction from that award may be taken for the legal, medical, and other expenses incurred in securing the award. This includes awards from Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, and private lawsuits or settlements. After this one-time initial deduction, related ongoing medical expenses are deductible only as described above.

3. Income and Expense Verification

ALTHOUGH VA DOES NOT NORMALLY REQUIRE A BENEFICIARY TO DOCUMENT EACH AND every amount and/or source of income or deductible expense listed on a pension or parents' DIC claim or EVR (unless the information reported is inconsistent or otherwise suspect on its face), this does not mean that the information is accepted without some degree of confirmation. VA has several computer income-matching programs such as SHARE, which will automatically verify amounts paid under other Federal programs including Social Security, SSI, Railroad Retirement, Black Lung Compensation, Civil Service Retirement, etc., against the amounts as reported by the beneficiary. If there are discrepancies, the amounts reported by the matching program are considered to be authoritative, and will be the basis for any action or adjustment needed.

Since 1991 VA has also had a program of Income Verification Matching (IVM), which essentially matches unearned income from interest or dividends and earned income from wages or salary, as reported by the beneficiary to VA, to the same information as reported to the Internal Revenue Service (IRS) or to the Social Security Administration by the payers of such income. This is now administered by the Pension Maintenance Centers (PMC). If there are discrepancies between the reports, the beneficiary and payer will be required to explain and document the difference(s). If the discrepancy can not be satisfactorily explained or otherwise resolved, benefits will be reduced or terminated as appropriate.

Since IRS records are highly sensitive and confidential, they may not be used as the basis for acting on a beneficiary's VA award unless and until both the beneficiary and the payer of the income in question have been given full opportunity to explain and correct any discrepancies shown. Even though the beneficiary has designated an accredited veterans service organization as his/her authorized representative for the VA claim, the representative may not view IRS-related material unless and until the beneficiary gives specific written permission, i.e., a new

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VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or designates an individual as representative. The designation of an individual or a veterans' service organization as the beneficiary's representative in an IVM case is only valid for five (5) years from the date the beneficiary signs the Form 21-22. If the beneficiary is married, then separate authorizations of representation must be signed by each the beneficiary and the beneficiary's spouse. Disclosure of IRS-related material to the designated representative is highly restricted—such materials may only be disclosed for the purpose of determining eligibility for and/or extent of entitlement to compensation, pension or DIC.

Finally, VA is required to annually audit about 4% of pension and parents' DIC cases nationwide, chosen randomly, where deductions of unreimbursed medical expenses paid are, or have been, a factor in the rates being paid. The PMC will request the beneficiary to provide documentation, including copies of receipted bills, for each claimed unreimbursed medical expense paid, either during the EVR period or for the past calendar year (if different). If the claimant is not able to provide satisfactory documentation that all of the claimed expenses were in fact paid, the PMC will retroactively adjust the award so that the rate(s) payable will not include the undocumented claimed expenses (and may require the claimant to document any medical expenses claimed for the next three years following the audited year). ***This will create an overpayment in the account.*** Established ongoing expenses such as Medicare premiums are not included in this audit.

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-0101
Respondent Burden : 30 minutes

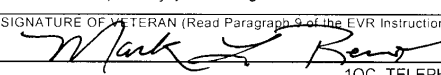
FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		Department of Veterans Affairs	
MARK L. RENO		IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN) 6	
YOUR COMPLETE MAILING ADDRESS		VA FILE NUMBER	
18249 My Street Flood City, CA 95000		123 45 6789	
		VA REGIONAL OFFICE RETURN ADDRESS	
		P.O. Box 11000 St. Paul, MN 55111-0000	
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-051 0) prior to completing this form.			
1 A. YOUR SOCIAL SECURITY NUMBER		1 B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER	
123-45-6789		N/A	
1 C. FIRST, MIDDLE, LAST NAME OF SPOUSE		1 D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)	
N/A		N/A	
2. MARITAL STATUS (Check only one box)			
(1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.) (2) <input type="checkbox"/> MARRIED- NOT LIVING WITH SPOUSE (You are legally married but estranged from your spouse.) Show the amount you contributed to your spouse's support during the last 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____ (3) <input checked="" type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____			
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions, VA Form 21-0510)			
IN YOUR CUSTODY <u> NONE </u> NOT IN YOUR CUSTODY <u> NONE </u> AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ <u> N/A </u>			
4A. ARE YOU A PATIENT IN A NURSING HOME?		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.) 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME <div style="text-align: center;">N/A</div>		N/A	
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? 2004			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE ?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit) _____			

VAFORM
JUN 2004 **21-0516-1**

SUPERSEDES VA FORM 21-0516-1, OCT 2001,
WHICH WILL NOT BE USED

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)				
GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.)				
SOURCE	VETERAN		SPOUSE	
SOCIAL SECURITY	454.00		N/A	
U.S. CIVIL SERVICE	NONE		N/A	
U.S. RAILROAD RETIREMENT	NONE		N/A	
BLACK LUNG BENEFITS	NONE		N/A	
MILITARY RETIREMENT	NONE		N/A	
OTHER (Show Source)	NONE		N/A	
OTHER (Show Source)	NONE		N/A	
7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)				
If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.				
NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.				
SOURCE	VETERAN		SPOUSE	
	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005	FROM: N/A THRU: N/A	FROM: N/A THRU: N/A
GROSS WAGES FROM ALL EMPLOYMENT	\$ NONE	\$ NONE	\$ N/A	\$ N/A
TOTAL INTEREST AND DIVIDENDS	NONE	NONE	N/A	N/A
ALL OTHER (Show Source)	NONE	NONE	N/A	N/A
ALL OTHER (Show Source)	NONE	NONE	N/A	N/A
7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 7D through 7F. If "NO" go to Item 7G.)				
7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)		7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)	
7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)				
SOURCE	VETERAN		SPOUSE	
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$ 40.00		\$ N/A	
INTEREST- BEARING BANK ACCOUNTS	273.12		N/A	
IRA'S KEQGH PLANS ETC	NONE		N/A	
STOCKS BONDS MUTUAL FUNDS ETC	NONE		N/A	
REAL PROPERTY (Not your home)	NONE		N/A	
ALL OTHER PROPERTY	NONE		N/A	
8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)				
Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.				
9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)				
Show amounts paid by you during the last 12 months. DO NOT REPORT DEPENDENTS' EXPENSES.				\$
10A. SIGNATURE OF VETERAN (Read Paragraph 9 of the EVR Instructions before signing)			1013. DATE SIGNED	
			1-3-05	
10C. TELEPHONE NUMBERS (Include Area Code)				
DAYTIME		EVENING		
(209) 555-1212		(209) 555-1212		
PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.				

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-01 01
Respondent Burden : 40 minutes

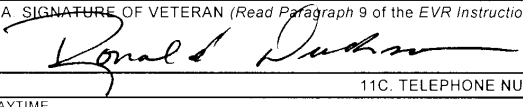
FIRST, MIDDLE, LAST NAME OF VETERAN <div style="text-align: center;">RONALD DICKSON</div>		Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH CHILDREN) 7	
YOUR COMPLETE MAILING ADDRESS <div style="text-align: center;">18249 My Street Valley Springs, CA 95000</div>		VA FILE NUMBER <div style="text-align: center;">111 22 3333</div> VA REGIONAL OFFICE RETURN ADDRESS <div style="text-align: center;">P.O. Box 11000 St. Paul, MN 55111-0000</div>	
IMPORTANT Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.			
1A. YOUR SOCIAL SECURITY NUMBER <div style="text-align: center;">111-22-3333</div>		1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER <div style="text-align: center;">N/A</div>	
1C. FIRST, MIDDLE, LAST NAME OF SPOUSE <div style="text-align: center;">N/A</div>		1D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.) <div style="text-align: center;">N/A</div>	
2. MARITAL STATUS (Check only one box) (1) <input type="checkbox"/> MARRIED-LIVING WITH SPOUSE (You are legally married and you live with your spouse or are separated for medical reasons.) (2) <input type="checkbox"/> MARRIED- NOT LIVING WITH SPOUSE (You are legally married but separated from your spouse.) Show the amount you contributed to your spouse's support during the past 12 months \$ _____ If you separated within the last 12 months, show the date of separation _____ (3) <input checked="" type="checkbox"/> NOT MARRIED (You have never married or are now divorced or widowed.) If your marriage ended within the last 12 months, show the date of divorce or death _____			
3A. UNMARRIED DEPENDENT CHILDREN (Read Paragraph 1 of the EVR Instructions, VA Form 21-051 0)			
FULL NAME OF EACH CHILD (First, middle initial, last)	DATE OF BIRTH (Mo., day, yr.)	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X) <div style="display: flex; justify-content: space-between;"> <div>UNDER 18 YEARS OF AGE</div> <div>OVER 18 AND UNDER 23, AND ATTENDING SCHOOL</div> <div>ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS</div> </div>
Jackson Dickson	08/25/1993	551-72-1111	X
Marsha Dickson	08/23/1995	551-72-2222	X
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN ITEM 3A WHO DO NOT LIVE WITH YOU			
NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
NONE			\$
			\$
			\$
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)		4C. ENTER THE NAME, COMPLETE ADDRESS AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code) <div style="text-align: center;">N/A</div>	
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME <div style="text-align: center;">N/A</div>			
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE WAGES OR WERE EITHER OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit) _____			

VA FORM 21-0517-1
JUN 2004

SUPERSEDES VA FORM 21-0517-1, NOV 2002, WHICH
WILL NOT BE USED.

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)						
GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.)						
SOURCE	VETERAN		SPOUSE		CHILD: JACKSON / MARSHA	
SOCIAL SECURITY	1,123.00		N/A		450.00 / 450.00	
U.S. CIVIL SERVICE	NONE		N/A		NONE	
U.S. RAILROAD RETIREMENT	NONE		N/A		NONE	
BLACK LUNG BENEFITS	NONE		N/A		NONE	
MILITARY RETIREMENT	NONE		N/A		NONE	
OTHER (Show Source)	NONE		N/A		NONE	
OTHER (Show Source)	NONE		N/A		NONE	
7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)						
NOTE: Report annual income for the dates indicated. If no dates are above the columns that follow, then report last calendar year (January thru December) income in the left-hand column and current calendar year income in the right-hand column.						
If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.						
SOURCE	VETERAN		SPOUSE		CHILD: JACKSON / MARSHA	
	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005	FROM: THRU:	FROM: THRU:	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005
GROSS WAGES FROM ALL EMPLOYMENT	\$ NONE	\$ NONE	\$ N/A	\$ N/A	\$ NONE	\$ NONE
TOTAL INTEREST AND DIVIDENDS	NONE	NONE	N/A	N/A	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	N/A	N/A	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	N/A	N/A	NONE	NONE
7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" complete Items 7D through 7F. If "NO" go to Item 7G.)						
7D. WHAT INCOME CHANGED? (Show what income changed;) for example, wages, city pension, etc.			7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened- for example quit work, got raise, received inheritance)		
7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)						
SOURCE	VETERAN		SPOUSE		CHILD:	
CASH/NON- INTEREST-BEARING BANK ACCOUNTS	\$ 25.75		\$ N/A		\$ NONE	
INTEREST-BEARING BANK ACCOUNTS	543.00		N/A		NONE	
IRA'S/KEOGH PLANS ETC	NONE		N/A		NONE	
STOCKS/BONDS/MUTUAL FUNDS ETC	NONE		N/A		NONE	
REAL PROPERTY (Not your home)	NONE		N/A		NONE	
ALL OTHER PROPERTY	NONE		N/A		NONE	
8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)						
If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.						
9. VETERAN'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions) Show amounts paid by you during the past 12 months. DO NOT REPORT DEPENDENTS' EXPENSES.					\$ NONE	
10. FAMILY MAINTENANCE (Hardship) EXPENSES FOR THE NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions). Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months.					\$ 10,800.00	
11A. SIGNATURE OF VETERAN (Read Paragraph 9 of the EVR Instructions before signing)				11B. DATE SIGNED		
				1-13-05		
11C. TELEPHONE NUMBERS (Include Area Code)						
DAYTIME			EVENING			
(209) 555-1212			(209) 555-1212			
PENALTY: The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.						

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-01 01
Respondent Burden : 30 minutes

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <p style="text-align: center;">MARY RONALDSON</p>		Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE <p style="text-align: center;">MATTHEW RONALDSON</p>		
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE <p style="text-align: center;">P.O. Box 11000 Missouri Flats, CA 95000</p>		VA FILE NUMBER <p style="text-align: center;">555 22 7777</p> VA REGIONAL OFFICE RETURN ADDRESS <p style="text-align: center;">P.O. Box 11000 St. Paul, MN 55111-0000</p>
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.		
1A. YOUR SOCIAL SECURITY NUMBER <p style="text-align: center;">121-98-1298</p>	1B. VETERAN'S SOCIAL SECURITY NUMBER <p style="text-align: center;">555-22-7777</p>	
1C. YOUR DATE OF BIRTH (Mo., day, yr.) <p style="text-align: center;">10/02/1945</p>		
2. YOUR MARITAL STATUS (Check only one box)		
(1) <input checked="" type="checkbox"/> I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.) (2) <input type="checkbox"/> I REMARRIED ON _____ (Date) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.) (3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (You remarried but you are not currently married. Show the date your latest marriage ended.)		
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EVR Instructions)		
IN YOUR CUSTODY <u> N/A </u> NOT IN YOUR CUSTODY <u> N/A </u> AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YOUR CUSTODY \$ <u> N/A </u>		
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)	4C. ENTER THE NAME COMPLETE ADDRESS AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)	
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME <p style="text-align: center;">N/A</p>	N/A	
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit) _____		


VAFORM
JUN 2004

21-0518-1

SUPERSEDES VA FORM 21-0518-1, OCT 2001,
WHICH WILL NOT BE USED.

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)			
If no income or net worth was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.			
SOURCE	SURVIVING SPOUSE		
SOCIAL SECURITY	\$	756.00	
U.S. CIVIL SERVICE		NONE	
U.S. RAILROAD RETIREMENT		NONE	
MILITARY RETIREMENT		NONE	
OTHER (Show Source)		NONE	
OTHER (Show Source)		NONE	
7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)			
If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.			
NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.			
SOURCE	FROM: THRU:	01/01/2004 13/31/2004	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	\$	NONE	\$
TOTAL INTEREST AND DIVIDENDS		NONE	NONE
ALL OTHER (Show Source)		NONE	NONE
ALL OTHER (Show Source)		NONE	NONE
7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)			
7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)	
7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)			
SOURCE	SURVIVING SPOUSE		
CASH/NON-INTEREST BEARING BANK ACCOUNTS	\$	756.00	
INTEREST BEARING BANK ACCOUNTS		NONE	
IRA'S, KEOGH PLANS, ETC.		NONE	
STOCKS, BONDS, MUTUAL FUNDS, ETC.		NONE	
REAL PROPERTY (Not your home)		NONE	
ALL OTHER PROPERTY		NONE	
8. FAMILY MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)			
Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.			
9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions). Show amounts paid by you during the past 12 months. DO NOT REPORT CHILDREN'S EXPENSES.			\$ NONE
10A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing)			10B. DATE SIGNED
			1-9-05
10C. TELEPHONE NUMBERS (Include Area Code)			
DAYTIME	(209) 555-1212		EVENING
			(209) 555-1212
PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.			

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-0101
Respondent Burden: 40 minutes

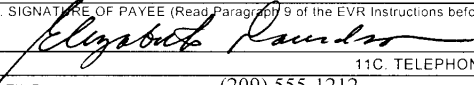
FIRST, MIDDLE, LAST NAME OF VETERAN <div style="text-align: center;">JOSEPH DAVIDSON</div>		Department of Veterans Affairs				
FIRST, MIDDLE, LAST NAME OF SURVIVING SPOUSE <div style="text-align: center;">ELIZABETH DAVIDSON</div>		IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (SURVIVING SPOUSE WITH CHILDREN) 9S				
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE <div style="text-align: center;">94281 Home Rd. Altaville, CA 95000</div>		VA FILE NUMBER <div style="text-align: center;">28 288 2288</div>				
		VA REGIONAL OFFICE RETURN ADDRESS <div style="text-align: center;">P.O. Box 11000 St. Paul, MN 55111-0000</div>				
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-051 0) prior to completing this form.						
1A. YOUR SOCIAL SECURITY NUMBER <div style="text-align: center;">777-55-3333</div>		1 B. VETERAN'S SOCIAL SECURITY NUMBER <div style="text-align: center;">551-72-1771</div>				
1 C. YOUR DATE OF BIRTH (Month, Day, Year) <div style="text-align: center;">10/02/1971</div>						
2. MARITAL STATUS (Check only one box)						
(1) <input checked="" type="checkbox"/> I HAVE NOT MARRIED SINCE THE VETERAN DIED (You have not married anyone since the veteran's death.)						
(2) <input type="checkbox"/> I REMARRIED ON _____ (DATE) AND I AM STILL MARRIED (You married after the veteran's death and you are currently married. Enter the date you married your current spouse.)						
(3) <input type="checkbox"/> I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAGE ENDED BY DEATH OR DIVORCE ON _____ (DATE) (You remarried but you are not currently married. Show the date your latest marriage ended.)						
3A. UNMARRIED DEPENDENT CHILDREN (Read Paragraph 1 of the EVR Instructions)						
FULL NAME OF EACH CHILD (First, middle initial, last)	DATE OF BIRTH (Mo., day, yr.)	SOCIAL SECURITY NUMBER	PLEASE CHECK ONE (X) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">UNDER 18 YEARS OF AGE</td> <td style="width: 33%; text-align: center;">OVER 18 AND UNDER 23, AND ATTENDING SCHOOL</td> <td style="width: 33%; text-align: center;">ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS</td> </tr> </table>	UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS
UNDER 18 YEARS OF AGE	OVER 18 AND UNDER 23, AND ATTENDING SCHOOL	ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS				
Cassandra L. Davidson	11/08/1991	551-72-1111	X			
Harold D. Davidson	08/10/1993	551-72-2222	X			
3B. UNMARRIED DEPENDENT CHILDREN LISTED IN 3A WHO DO NOT LIVE WITH YOU						
NAME OF CHILD	CHILD'S COMPLETE ADDRESS	NAME OF PERSON CHILD LIVES WITH (If Applicable)	MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S			
NONE						
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.)		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please Include ZIP Code)				
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME						
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO						
5. DID YOU RECEIVE WAGES OR WERE YOU EMPLOYED AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit)						

VA FORM
JUN 2004

SUPERSEDES VA FORM 21-0519S-1, JAN 1997,
WHICH WILL NOT BE USED.

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)						
GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.)						
SOURCE	SURVIVING SPOUSE	CHILD	Cassandra	CHILD	Harold	
SOCIAL SECURITY	\$ 450.00	\$	450.00	\$	450.00	
U.S. CIVIL SERVICE	NONE		NONE		NONE	
U.S. RAILROAD RETIREMENT	NONE		NONE		NONE	
BLACK LUNG BENEFITS	NONE		NONE		NONE	
OTHER RETIREMENT	NONE		NONE		NONE	
OTHER (Show Source)			NONE		NONE	
OTHER (Show Source)	NONE		NONE		NONE	
	NONE		NONE		NONE	
7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)						
If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.						
NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.						
SOURCE	SURVIVING SPOUSE	CHILD	Cassandra	CHILD	Harold	
	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2005 THRU: 12/31/2005
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT	\$ NONE	\$ NONE	\$ NONE	\$ NONE	\$ NONE	\$ NONE
TOTAL INTEREST AND DIVIDENDS	NONE	NONE	NONE	NONE	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	NONE	NONE	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	NONE	NONE	NONE	NONE
7C. DID ANY INCOME CHANGE (increase/decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 7G.)						
7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)		7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)		7F. HOW DID INCOME CHANGE? (Tell what happened- for example quit work, got raise, received inheritance)		
7G. NET WORTH (Read Paragraph 5 of the EVR Instructions)						
SOURCE	SURVIVING SPOUSE	CHILD:	Cassandra	CHILD:	Harold	
CASH/NON-INTEREST-BEARING BANK ACCOUNTS	\$ 734.55	\$	NONE	\$	NONE	
INTEREST-BEARING BANK ACCOUNTS	NONE		NONE		NONE	
IRA'S/KEOGH PLANS ETC.	NONE		NONE		NONE	
STOCKS/BONDS/MUTUAL FUNDS ETC.	NONE		NONE		NONE	
REAL PROPERTY (Not your home)	NONE		NONE		NONE	
ALL OTHER PROPERTY	NONE		NONE		NONE	
8. FAMILY MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)						
Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.						
9. SURVIVING SPOUSE'S EDUCATIONAL AND VOCATIONAL REHABILITATION EXPENSES (Read Paragraph 7 of the EVR Instructions)						
Show amounts paid by you during the last 12 months. DO NOT REPORT CHILDREN'S EXPENSES.				\$ NONE		
10. FAMILY MAINTENANCE (HARDSHIP) EXPENSES FOR NEXT 12 MONTHS (Read Paragraph 8 of the EVR Instructions)						
Complete ONLY IF VA is currently excluding children's income on the grounds of hardship. Show total family expenses expected for the next 12 months. \$ NONE						
11A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing)				11B. DATE		
				1-3-05		
11C. TELEPHONE NUMBERS (Include Area Code)						
DAYTIME		(209) 555-1212		EVENING		(209) 555-1212
PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.						

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-01 01
Respondent Burden: 30 minutes

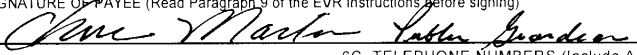
FIRST, MIDDLE, LAST NAME OF VETERAN <p style="text-align: center;">MATTHEW MOZILLA</p>		 Department of Veterans Affairs IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (CHILD OR CHILDREN)			
VETERAN'S SOCIAL SECURITY NUMBER <p style="text-align: center;">665-45-6545</p>		VA FILE NUMBER <p style="text-align: center;">665 45 6545</p>			
COMPLETE MAILING ADDRESS OF CHILD OR CUSTODIAN <p style="text-align: center;">115599 Memorial Way Stewart, CA 95000</p>		VA REGIONAL OFFICE RETURN ADDRESS <p style="text-align: center;">P.O. Box 11000 St. Paul, MN 55111-0000</p>			
IMPORTANT -Please read the enclosed EVR Instructions (VA Form 21-051 0) prior to completing this form.					
1. CHILD(REN)'S MARITAL AND SCHOOL STATUS					
List the children's names, dates of birth, and Social Security numbers, and indicate marital and school status for all children being paid on this award. If the child does not have a Social Security number, write "No SSN" in the space provided for the child's Social Security number. If other children are on separate VA awards, they will receive their own EVRs. If additional space is needed, attach a separate sheet of paper.					
NOTE: Complete Item 1E only if the child is 18 years of age or older. Complete Item 1F only if the child is between the ages of 18 and 23 and has not been rated disabled by VA. The child is considered to have attended school continuously if the child attended every regular school term except summer school or holiday periods. If Block (2), STOPPED SCHOOL, is checked in Item 1E or "NO" is checked in Item 1F, provide the date the child last attended school in Item 1F.					
A. FULL NAME OF EACH CHILD (First, middle initial, last)	B. DATE OF BIRTH (Mo., day, yr.)	C. SOCIAL SECURITY NUMBER	D. MARITAL STATUS	E. SCHOOL STATUS	F. ATTENDED SCHOOL CONTINUOUSLY SINCE AGE 18
Mark Mozilla	07/20/1998	665-45-1111	(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input checked="" type="checkbox"/> NEVER MARRIED	(1) <input checked="" type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
Luke Mozilla	08/08/1999	665-45-2222	(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input checked="" type="checkbox"/> NEVER MARRIED	(1) <input checked="" type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
			(1) <input type="checkbox"/> MARRIED (2) <input type="checkbox"/> DIVORCED/WIDOWED (3) <input type="checkbox"/> NEVER MARRIED	(1) <input type="checkbox"/> ATTENDS SCHOOL (2) <input type="checkbox"/> STOPPED SCHOOL (3) <input type="checkbox"/> DISABLED CHILD	(1) <input type="checkbox"/> YES (2) <input type="checkbox"/> NO
2. DID ANY CHILD ON THIS AWARD RECEIVE WAGES AT ANY TIME DURING THE LAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

VA FORM 21-0519C-1
JUN 2004

SUPERSEDES VA FORM 21-0519C-1, SEP 2001, WHICH
WILL NOT BE USED.

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

REPORT OF INCOME AND NET WORTH							
<p>IMPORTANT NOTE ABOUT ITEMS 3A THROUGH 3G:</p> <p>Child Claimants or Payees: If you are a child claiming or receiving pension in your own right, report your income and net worth in the CHILD columns. Leave the CUSTODIAN columns blank.</p> <p>Custodians of Children: If you are claiming or receiving pension as the custodian of a child or children, report the child's income and net worth in the CHILD columns, and enter your income and net worth in the CUSTODIAN columns. If you are also the child's parent, you are married, and you live with your spouse, add your and your spouse's incomes and net worth together and enter the totals in the CUSTODIAN columns in Items 3A, 313, and 3G.</p> <p>Institutional Custodians: If you are an institutional custodian of a child, report the child's income and net worth in the CHILD columns. Leave the CUSTODIAN columns blank.</p> <p>If no income was received from a particular source, write "O" or "none." Do not leave any items blank unless the instructions specifically indicate that the item does not have to be answered.</p>							
3A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)							
GROSS MONTHLY AMOUNTS							
SOURCE	CUSTODIAN: N/A		CHILD: MARK		CHILD: LUKE		
SOCIAL SECURITY	\$		\$	450.00	\$	450.00	
U.S. CIVIL SERVICE				NONE		NONE	
U.S. RAILROAD RETIREMENT				NONE		NONE	
BLACK LUNG BENEFITS				NONE		NONE	
OTHER RETIREMENT				NONE		NONE	
OTHER (Show Source)				NONE			
OTHER (Show Source)				NONE			
3B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)							
<p>NOTE: Report annual income for the dates indicated. If no dates are shown above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.</p>							
SOURCE	CUSTODIAN: N/A		CHILD MARK		CHILD LUKE		
	FROM:	FROM:	FROM: 01/01/2004	FROM: 01/01/2005	FROM: 01/01/2004	FROM: 01/01/2005	
	THRU:	THRU:	THRU: 12/31/2004	THRU: 12/31/2005	THRU: 12/31/2004	THRU: 12/31/2005	
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	NONE	\$	NONE	
TOTAL INTEREST AND DIVIDENDS				NONE		NONE	
ALL OTHER (Show Source)				NONE		NONE	
<p>3C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)</p> <p>(1) <input type="checkbox"/> YES (2) <input checked="" type="checkbox"/> NO (If "YES" complete Items 3D through 3F. If "NO," go to Item 3G.)</p>							
3D. WHAT INCOME CHANGED? (Show what income changed- for example, wages, city pension, etc.)			3E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)		3F. HOW DID INCOME CHANGE? (Tell what happened- for example quit work, got raise, received inheritance)		
3G. NET WORTH (Read Paragraph 5 of the EVR Instructions)							
SOURCE	CUSTODIAN: N/A		CHILD MARK		CHILD LUKE		
CASH/NON- INTEREST-BEARING BANK	\$		\$	400.00	\$	400.00	
INTEREST-BEARING BANK ACCOUNTS				NONE		NONE	
IRA'S/KEOGH PLANS ETC				NONE		NONE	
STOCKS/BONDS/MUTUAL FUNDS ETC				NONE		NONE	
REAL PROPERTY (Not your home)				NONE		NONE	
ALL OTHER PROPERTY				NONE		NONE	
4. CHILD'S MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)							
<p>Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.</p>							
5. CHILD'S EDUCATIONAL EXPENSES (Read Paragraph 7 of the EVR Instructions)							
<p>If a school child answered "YES," to Items 1F and 2, report any educational expenses the child paid out of his/her own funds during the past 12 months.</p>							
A. SCHOOL CHILD'S NAME				B. AMOUNT PAID			
				\$			
				\$			
6A. SIGNATURE OF PAYEE (Read Paragraph 9 of the EVR Instructions before signing)				6B. DATE SIGNED			
				1-3-05			
6C. TELEPHONE NUMBERS (Include Area Code)							
DAYTIME (209) 555-1212				EVENING (209) 555-1212			
<p>PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.</p>							

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-0101
Respondent Burden: 30 minutes

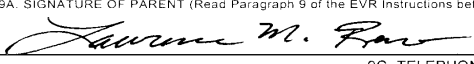
FIRST, MIDDLE, LAST NAME OF VETERAN MARK L. RENO		 Department of Veterans Affairs DIC PARENT'S ELIGIBILITY VERIFICATION REPORT 4
VETERAN'S SOCIAL SECURITY NUMBER 123-45-6789		
FIRST, MIDDLE, LAST NAME OF PARENT LAWRENCE M. RENO		
COMPLETE ADDRESS OF PARENT 18249 My Street Flood City, CA 95000		
		VA FILE NUMBER - PAYEE NUMBER - STUB NAME 123 45 6789
		VA REGIONAL OFFICE RETURN ADDRESS P.O. Box 11000 St. Paul, MN 55111-0000
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.		
1 A. YOUR SOCIAL SECURITY NUMBER 987-65 4321	1 B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER 874-56-1239	
1 C. YOUR DATE OF BIRTH (Mo., day, year) 09/05/1922	1 D. YOUR SPOUSE'S DATE OF BIRTH (Mo., day, year) 10/02/1922	
2. MARITAL STATUS (Check only one box) (1) <input checked="" type="checkbox"/> MARRIED- LIVING WITH OTHER PARENT OF VETERAN (You are currently married and live with the veteran's other parent or you live apart only for medical reasons.) (2) <input type="checkbox"/> MARRIED- LIVING WITH SPOUSE WHO IS NOT OTHER PARENT OF VETERAN (You are currently married to a person who is not the veteran's other parent and you live together or live apart only for medical reasons.) (3) <input type="checkbox"/> SEPARATED FROM SPOUSE (You are married but estranged from your spouse.) If you separated within the last 12 months, show the date of separation _____ (4) <input type="checkbox"/> NOT NOW MARRIED (You have never married or are now divorced or widowed.) If your most recent marriage ended during the last 12 months, enter the date of divorce or the date of your spouse's death.) Date of divorce _____ Date of spouse's death _____		
3. IS THE OTHER PARENT OF THE VETERAN LIVING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
4A. ARE YOU A PATIENT IN A NURSING HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if "YES," complete Items 4B and 4C. If "NO," go to Item 5.)		4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME		
5. DID YOU OR YOUR SPOUSE RECEIVE ANY WAGES AT ANY TIME DURING THE PAST 12 MONTHS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES " write in the VA file number of the other benefit) _____		

VA FORM 21-0514-1
JUN 2004

SUPERSEDES VA FORM 21-0514-1, AUG 1999,
WHICH WILL NOT BE USED.

(Continued on Reverse)

EVRs; Deductible Expenses; Income Verification

7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)				
GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "O" or "none." DO NOT LEAVE ANY ITEMS BLANK.)				
SOURCE	YOU		YOUR SPOUSE	
SOCIAL SECURITY	\$ 857.00		\$ 422.00	
U.S. CIVIL SERVICE	NONE		NONE	
U.S. RAILROAD RETIREMENT	NONE		NONE	
BLACK LUNG BENEFITS	NONE		NONE	
MILITARY RETIREMENT	NONE		NONE	
OTHER (Show Source)	NONE		NONE	
OTHER (Show Source)	NONE		NONE	
7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)				
NOTE: Report annual income for the dates indicated. If no dates are above the columns that follow, then report last calendar year (January through December) income in the left-hand column and current calendar year income in the right-hand column.				
SOURCE	YOU		YOUR SPOUSE	
	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2004 THRU: 12/31/2004	FROM: 01/01/2004 THRU: 12/31/2004
GROSS WAGES FROM ALL EMPLOYMENT	\$ NONE	NONE	\$ NONE	NONE
TOTAL INTEREST AND DIVIDENDS	NONE	NONE	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	NONE	NONE
ALL OTHER (Show Source)	NONE	NONE	NONE	NONE
7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 8.)				
7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)		7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)		7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)
8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)				
Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.				
9A. SIGNATURE OF PARENT (Read Paragraph 9 of the EVR Instructions before signing)			913. DATE SIGNED	
			1-3-05	
9C. TELEPHONE NUMBERS (Include Area Code)				
DAYTIME		EVENING		
(209) 555-1212		(209) 555-1212		
PENALTY The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.				

EVRs; Deductible Expenses; Income Verification

SAMPLE COPY

OMB Approved No. 2900-0161
Respondent Burden: 30 minutes



Department of Veterans Affairs

MEDICAL EXPENSE REPORT

[illegible]

VAFORM 21-8416
MAY 2002

EXISTING STOCKS OF VA FORM 21-8416, SEP 1999,
WILL BE USED

EVRs; Deductible Expenses; Income Verification

[illegible]

— Notes —

— Notes —

Study Questions:

Using the assigned references and reading materials, answer the following questions:

1. EVRs are not required from all pension recipients so long as there are no changes in their income. (T/F)
2. If a claimant in receipt of improved pension for two or more years fails to return the EVR, what is the date from which payment is stopped?
 - a. End of the current month
 - b. End of the current year
 - c. First day of the year for which the income received information is requested.
 - d. Beginning date of the award
3. For improved pension, unreimbursed medical expenses paid may be deducted from income for VA purposes if they exceed:
 - a. 5% of the claimant's gross income
 - b. 5% of the claimant's maximum annual pension rate (MAPR)
 - c. 10% of the claimant's net income for VA purposes
 - d. \$1,000 per person.
4. If a claimant's pension award is terminated and an overpayment is created because of failure to return the EVR, how long does the claimant have to provide income information to clear the overpayment?
 - a. 30 days from the date of notice of overpayment
 - b. 60 days from the date of notice of overpayment
 - c. One year from the date of notice of overpayment
 - d. There is no time limit for submitting evidence to clear an overpayment
5. Gambling losses for the last two years may be deducted from the current year's winnings for the purpose of reducing the claimant's income for VA purposes. (T/F)

EVRs; Deductible Expenses; Income Verification

6. The veteran's dependent child, age 21, is attending college and working part-time. The child's expected earnings for the year are \$10,000. The child has no other income. The cost of tuition, fees and schoolbooks will be \$5,000. How much of the child's earned income can be deducted from the overall family income for VA purposes?
- a. None—Educational expenses are not deductible and the child's income exceeds the limits. The child may not be counted as a dependent.
 - b. \$5,000—The child's educational expenses are deductible, but the child's earned income is fully countable as family income.
 - c. All—A child's earned income is excluded up to the amount at which a Federal income tax return must be filed (currently \$7,800); education expenses may then be deducted from the amount remaining. In this case, the education expenses exceed the amount of remaining income, so the child's countable income is \$0.
7. Return of the EVR is optional if the claimant's current income and net worth are unchanged from last year's. (T/F)
8. Deceased veteran's parents are in receipt of DIC. The veteran's father dies of complications of surgery, and the mother wins a settlement of \$40,000 for wrongful death from the hospital. By the time she pays attorney fees, the costs of obtaining independent medical experts, and other costs arising from the lawsuit, she realizes less than \$1,000 net income from the lawsuit. Can she claim the costs of the lawsuit as a deduction from her income for VA purposes? (Y/N)
9. The step-brother of a surviving spouse in receipt of improved pension is living with her because he is disabled and unable to care for himself. Since he has minimal income of his own, the surviving spouse is helping with his medical bills as best she can. Can the surviving spouse deduct the step-brother's medical expenses that she is paying for him? (Y/N)
10. Which of the following may be not prospectively claimed as ongoing medical expenses for improved pension?
- a. Medicare Part B premiums
 - b. Cost of care in a nursing home
 - c. Cost of visits to the emergency room
 - d. Any of the above

EVRs; Deductible Expenses; Income Verification

- 11.** Deceased veteran's remarried mother is in receipt of DIC. She and her husband operate a small business. Gross income from the business averages about \$25,000 per year. Last year they lost \$2,500 for the year, and expect they will not make a profit again this year. Can they deduct their operating losses from the business to reduce their income for VA purposes? (Y/N)
- 12.** The veteran and spouse were heavily in debt when he died. He had an outstanding unsecured loan of \$15,000, as well as owing another \$50,000 for the purchase of an automobile. In addition, he incurred more than \$100,000 in hospital bills from being in intensive care for six weeks (with no medical insurance) prior to his death. The costs of his funeral and burial came to over \$10,000. Assuming the surviving spouse does not seek relief in bankruptcy, which of these may not be deducted as final expenses and just debts from the surviving spouse's income for VA purposes?
- a.** \$15,000 unsecured loan
 - b.** \$50,000 secured loan for automobile
 - c.** \$100,000 or more hospital bill
 - d.** \$10,000 funeral and burial costs

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